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PTO/SB/01 (12-97)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number 000572

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Clifford A. Poff	24,764		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 00572 OR ☐ Correspondence address below

Name	Clifford A. Poff				
Address	Suite 2230 Koppers Building				
Address	436 Seventh Avenue				
City	Pittsburgh	State	PA	ZIP	15219
Country	USA	Telephone	412-765-1580	Fax	412-765-1583

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
F. William	Gregory, Jr.

Inventor's Signature	<i>F. William Gregory, Jr.</i>			Date	7-6-2000
Residence: City	Camp Hill	State	PA	Country	USA
Post Office Address	24 Charisma Drive				
Post Office Address					
City	Camp Hill	State	PA	ZIP	17011
Country	USA				

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside the box



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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 20438-1

First Named Inventor F. W. Gregory, Jr.

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSEY AND METHOD FOR DELIVERING COMMERCIAL LINES
INSURANCE POLICIES**

the specification of which

(Title of the Invention)

☒ is attached hereto
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Applicant or Patentee: F. William Gregory, Jr.
Serial or Patent No.: _____ Docket No. 20438-1
Filed or Issued: concurrently herewith Entitled: SYSTEM AND METHOD FOR
DELIVERING COMMERCIAL LINES INSURANCE POLICIES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 C.F.R. §1.9(f) AND 1.27(b) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 C.F.R. 1.19(c) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled: SYSTEM AND METHOD FOR DELIVERING COMMERCIAL LINES INSURANCE POLICIES

☒ [X] the specification filed herewith
☐ [] application serial no. _____, filed _____
☐ [] patent no. _____, issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 C.F.R. §1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a non-profit organization under 37 C.F.R. §1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☐ [] no such person, concern, or organization
☒ [X] persons, concerns or organizations listed below*

*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. §1.27)

FULL NAME Franklin Assurance Software & Technology, Inc.
ADDRESS 314 S. Progress Avenue, Harrisburg, PA 17109
☐ [] INDIVIDUAL ☒ [X] SMALL BUSINESS CONCERN ☐ [] NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fees due after the date on which status as small entity no longer appropriate. (37 C.F.R. §1.28(b))

1. The first part of the report, which is the most important, is the one that deals with the results of the study. This part is divided into two main sections: the first section deals with the results of the study, and the second section deals with the conclusions of the study.

NAME OF INVENTOR

4. William Szymon

SIGNATURE OF INVENTOR

7-19-2000

DATE _____

Applicant or Patentee: F. William Gregory, Jr.

Serial or Patent No.: _____ Docket No. 20438-1

Filed or Issued: Concurrently herewith Entitled: SYSTEM AND METHOD FOR DELIVERING COMMERCIAL LINES INSURANCE POLICIES

VERIFIED STATE (DECLARATION) BY A NON-INVENTOR
SUPPORTING A CLAIM BY ANOTHER FOR SMALL ENTITY STATUS

I hereby declare that I am making this verified statement to support a claim by Franklin Assurance Software & Technology, Inc. for small entity status for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, with regard to the invention entitled SYSTEM AND METHOD FOR DELIVERING COMMERCIAL LINES INSURANCE POLICIES by inventor(s) F. William Gregory, Jr. described in

☒ the specification filed herewith

☐ application serial no. _____, filed _____

☐ patent no. _____, issued _____

I hereby declare that I would qualify as an independent inventor as defined in 37 C.F.R. §1.9(c) for purposes of paying fees under Section 41(a) and (b) of Title 35, United States Code, if I had made the above-identified invention.

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 C.F.R. §1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a non-profit organization under 37 C.F.R. §1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

☒ no such person, concern, or organization

☐ persons, concerns or organizations listed below*

*Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. §1.27)

FULL NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NON-PROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fees due after the date on which status as small entity o longer appropriate. (37 C.F.R. §1.28(b))

SIGNATURE

NAME OF PERSON SIGNING

ADDRESS:

DATE:

MÁRIO MELE

120 East Wuehlm Avenue - Suite 101

JUNE 30, 2000

Exton, PA 19341

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